



सर छोट्टू राम ग्लोबल फाउंडेशन
SIR CHHOTU RAM GLOBAL FOUNDATION



वृद्ध सेवा संस्थान (वृद्धाश्रम)

REGISTRATION FORM



- 1 Name in Capital Letters -----
- 2 Father/ Mother/ Husband/ Guardian Name -----
- 3 Date of Birth /Age ----- 4 Gender -----
- 5 Address -----
----- Phone/ Mob. No. -----
- 6 Voter ID Card/ Aadhar Card/ Ration Card No. -----
- [Please enclose the proof/supporting documents (Attested Photocopies)]
- 7 Education Qualification -----
- 8 Single/Married/Widow/Separated/Divorced-----
- 9 Name (s) of Son (s)/Daughter (s) nearest relative if any,
Name & Address -----
----- Phone/ Mob. No. -----
- 10 Health conditions----- Blood Group-----
i. Any Serious illness (Yes or No)-----
ii. Any infectious disease (Yes or No) if yes, specify-----
iii. Are you ready to devote the time for the Home (Yes or No)-----
- 11 Your Reason (s) for joining the Home-----
- 12 Any Other Information:-----

Recommended by:

Name -----
Address -----
Phone/ Mob. No. -----
Signature -----

Witness:

Name -----
Address -----
Phone/ Mob. No. -----
Signature -----

Signature/ Thumb impression of Applicant
Date:

For office use only: